

**ILLUME AUTOPSY AND
PATHOLOGY SERVICES**

- A** Paper: P.O. Box 95483; Las Vegas NV, 89133. Contact for lab address
- P/F** ph: 877-232-9168 fax: (833) 342-8324
- E** info@illumepathology.com
- W** www.illumepathology.com

AUTOPSY REQUEST FORM

CONTACT AND DECEASED INFORMATION

Contact person's full name:

Contact person's email address:

Deceased person's full name:

Deceased person's date of birth:

Deceased person's date of death:

Reason for requesting autopsy:

AUTOPSY SERVICE DETAILS

Select the autopsy service type you are requesting:

Complete medicolegal

Partial autopsy (choose 2 of the 3): 1. head; 2. chest; 3.abdomen/pelvis

Brain only

Toxicology or DNA only

Location of deceased: Facility name:

Location of deceased: Facility address:

Location of deceased: Facility phone and email:

Scheduled/anticipated memorial or funeral Service: date

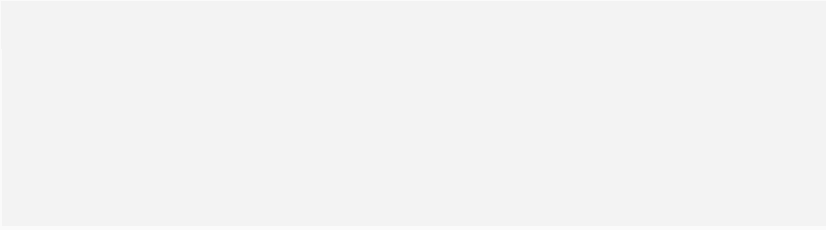
Special considerations or concerns we should know:

Preferred contact method info:

Email or phone:

CONSENT

Signature and date:



I hereby authorize Illume Autopsy and Pathology Services LLC. to perform an autopsy according to terms explained in the full service agreement. By signing this abbreviated consent form, the signing party agrees to the full service agreement for the specific type of autopsy they request. The full service agreement is available for review on the website; clients may also request a copy be emailed to them.